

TOWN OF CLARENCE –SWIM PROGRAM

Registration – June 26 & 27, 2006 – 1:00 – 3:00 pm
Main Street Park – Large Pavilion
10405 Main Street

PERMISSION SLIP

(Please bring this when registering your child)

Note: You may put siblings all on one form.

I hereby give permission for _____,

_____, _____,

Residing at _____, to

participate in the Town of Clarence Summer Swimming
Program.

Child's Age: _____ Swim Level: _____

_____ Swim Level: _____

– _____ Swim Level: _____

Telephone No.: _____

Parent/Guardian Signature / Date